Medicare Annual Enrollment Period Consumer Insights

eHealth Original Research
October 2025

Introduction

Medicare's Annual Enrollment Period (AEP) for 2026 coverage will begin Oct. 15 and run through Dec. 7, 2025. Millions of Medicare beneficiaries enrolled in Medicare Advantage and Part D plans are expected to see significant changes to their costs and benefits this fall, with some plans shutting down in their current service areas.

According to our new nationwide survey of over 1,500 enrollees, 36% of Medicare Advantage and Part D plan enrollees are unaware of the coming changes, while 64% incorrectly believe coverage is "generally the same" among Medicare Advantage plans, even when it comes to prescription drugs and healthcare provider networks.

Only 51% of Medicare beneficiaries said they intend to review their coverage options this AEP, compared to 63% who say they did so last year — even though most admit that being stuck in the wrong plan for 2026 could cause serious harm to their personal finances.

Among other things, our report highlights the need for more awareness of Annual Notice of Change letters and Medicare Advantage Chronic Special Needs Plans (C-SNPs) for beneficiaries with qualifying conditions. It also offers insights into beneficiaries' thoughts on the prospect of Medicare potentially covering GLP-1 drugs for weight loss.

Highlights

On Annual Enrollment:

- 75% of Medicare beneficiaries said shopping for coverage is confusing.
- 51% of Medicare beneficiaries said they intend to review their Medicare plan options this AEP, while 63% said they did so last year.
- 80% of Medicare beneficiaries admit that picking the wrong Medicare plan for 2026 could do serious harm to their financial wellbeing.
- 36% of Medicare Advantage and Part D plan enrollees are unaware that significant changes to costs and benefits are expected to most plans for the 2026 coverage year.
- 64% of Medicare Advantage enrollees incorrectly believe that all Medicare Advantage plans are basically the same, even when it comes to covered drugs and provider networks.
- 24% of Medicare Advantage enrollees said they don't recall *ever* receiving an Annual Notice of Change letter.

On Chronic Special Needs Plans:

- 25% of Medicare beneficiaries with diabetes are unaware of Medicare Advantage Chronic Special Needs Plans (C-SNPs) designed specifically for people with chronic conditions like diabetes.

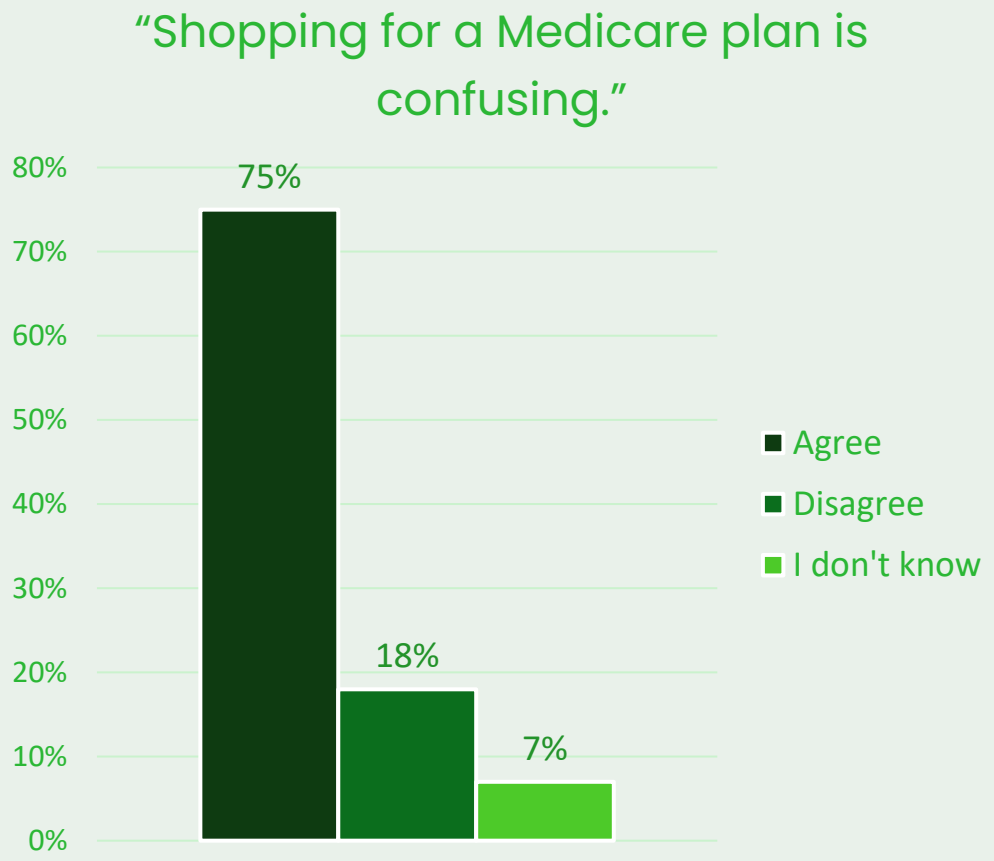
On Medicare coverage for GLP-1 drugs:

- 33% of Medicare beneficiaries incorrectly believe that Medicare covers GLP-1 drugs for weight loss.
- 50% of Medicare beneficiaries would be interested in taking GLP-1 drugs for weight loss if they were covered by Medicare; among these, 21% would willingly pay an extra $500 or more per month for access to GLP-1 drugs.

Confusion and Affordability Concerns

Three quarters of beneficiaries say they are confused by shopping for Medicare plans

- 75% of Medicare beneficiaries agree that shopping for Medicare coverage is confusing.
- Only 18% disagree.
- 7% are uncertain.



Most worry about finding affordable Medicare coverage for their needs

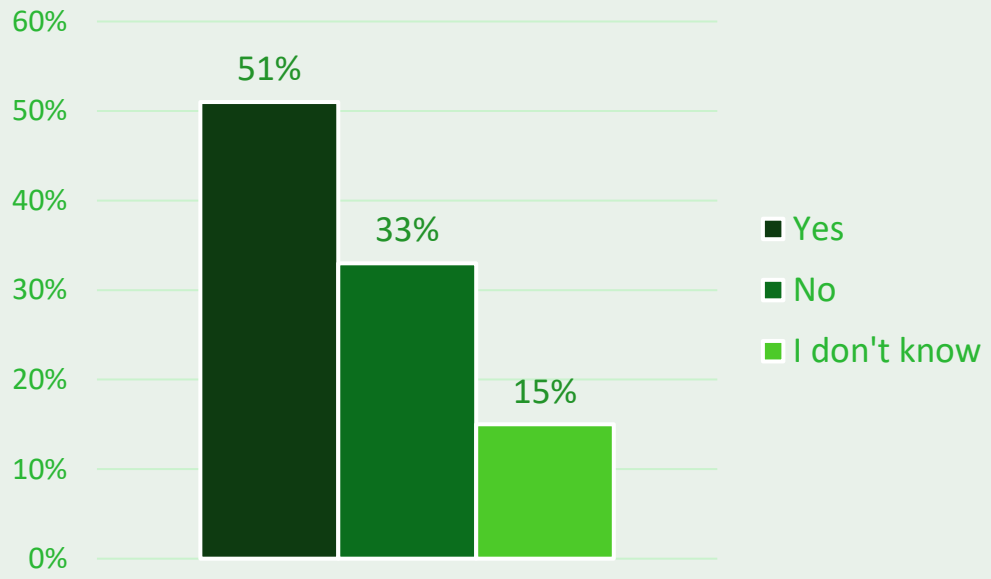
- 59% said they are worried about being able to find Medicare coverage at a price they can afford.
- 41% are not worried.

Beneficiaries' plans for the Annual Enrollment Period

Fewer Medicare beneficiaries plan to take advantage of this year's Annual Enrollment Period

- 51% intend to review their coverage options this year, compared to 63% who said they reviewed their options during last year's Annual Enrollment Period.
- 33% do not intend to review their coverage options this fall.
- 15% are uncertain what they will do this Annual Enrollment Period.

Do you intend to review your Medicare coverage options during this fall's Annual Enrollment Period?



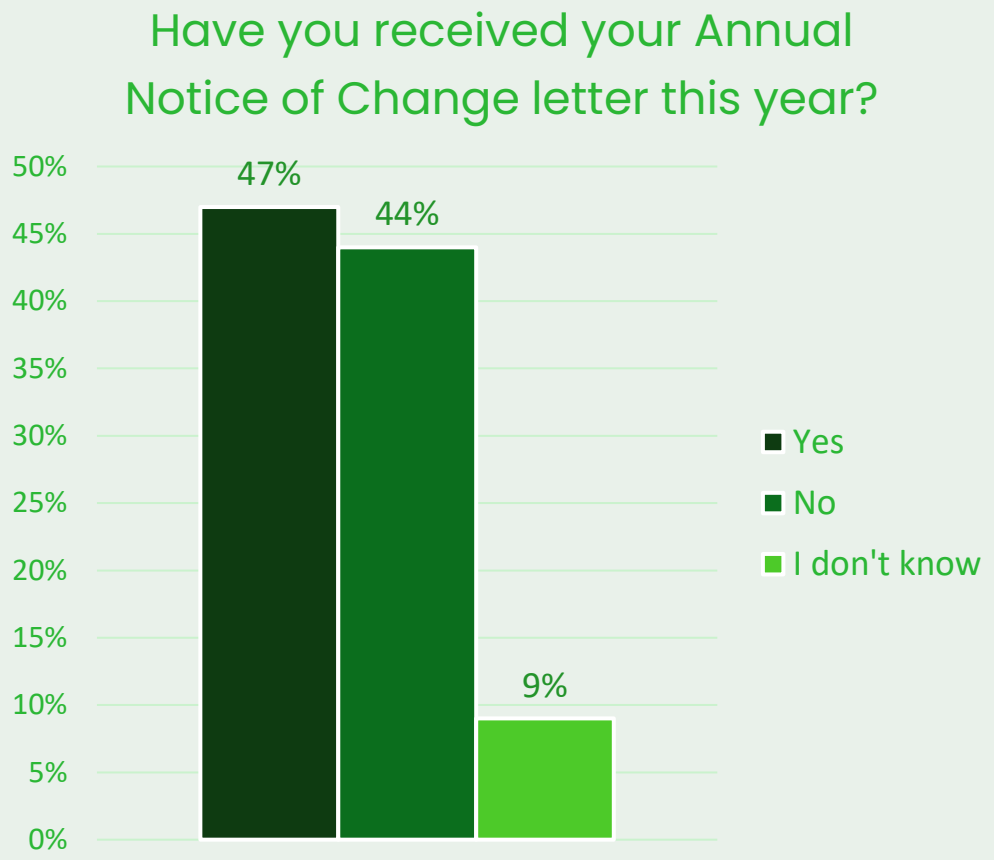
Many don't understand the differences between Medicare plan types

- 33% admit they don't have a good understanding of the differences between Medicare Advantage, Medicare Supplement, and Medicare Part D plans.

Annual Notice of Change Letters

Fewer than half said they have received their Annual Notice of Change letters

- Among Medicare Advantage and Part D plan enrollees, 47% said they have received their Annual Notice of Change letter, informing them of changes to their current plans for 2026.
- 53% have not yet received (or are unaware of having received) their Annual Notice of Change letter.



Nearly a quarter don't remember ever receiving an Annual Notice of Change letter

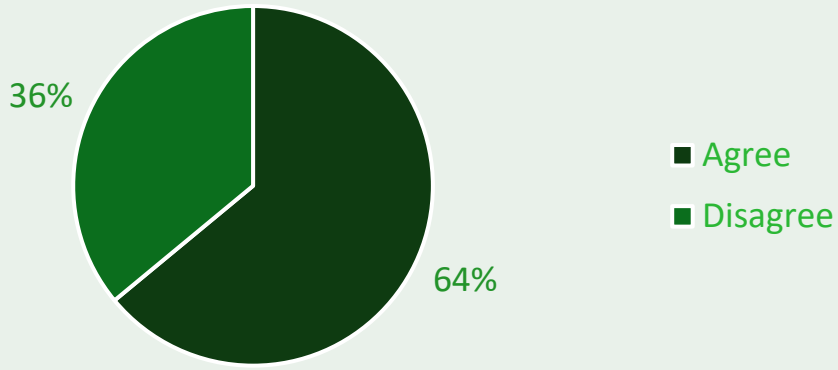
- 24% of Medicare Advantage and stand-alone Part D plan enrollees said they are not aware of ever having received an Annual Notice of Change letter from their insurer.

Lack of awareness on Medicare Advantage & Part D

Few Medicare Advantage enrollees understand how much coverage can vary from one plan to another

- 64% of Medicare Advantage enrollees incorrectly believe that coverage under all Medicare Advantage plans is "generally the same," including prescription drug coverage and provider networks.

"Most Medicare Advantage plans are generally the same, including the drugs they cover and the doctors that are in network."



Many are unaware of broad changes to 2026 coverage

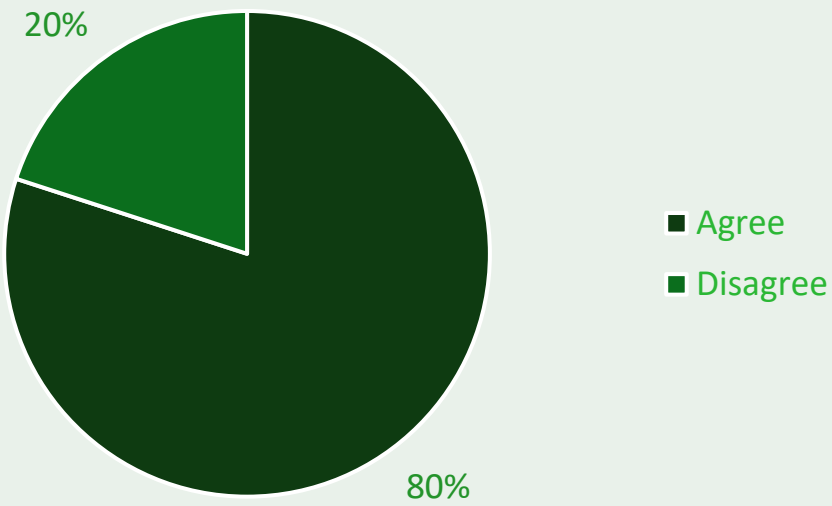
- 36% of Medicare Advantage and Part D plan enrollees are unaware that significant cost and benefit changes are widely expected for 2026.

Delay and selecting the wrong plan present risks

Most beneficiaries grasp the serious consequences of being stuck in the wrong Medicare plan

- 80% of Medicare beneficiaries agreed that choosing the wrong Medicare plan for 2026 could do serious damage to their financial wellbeing.

"Picking the wrong Medicare plan for 2026 could seriously harm my financial wellbeing."



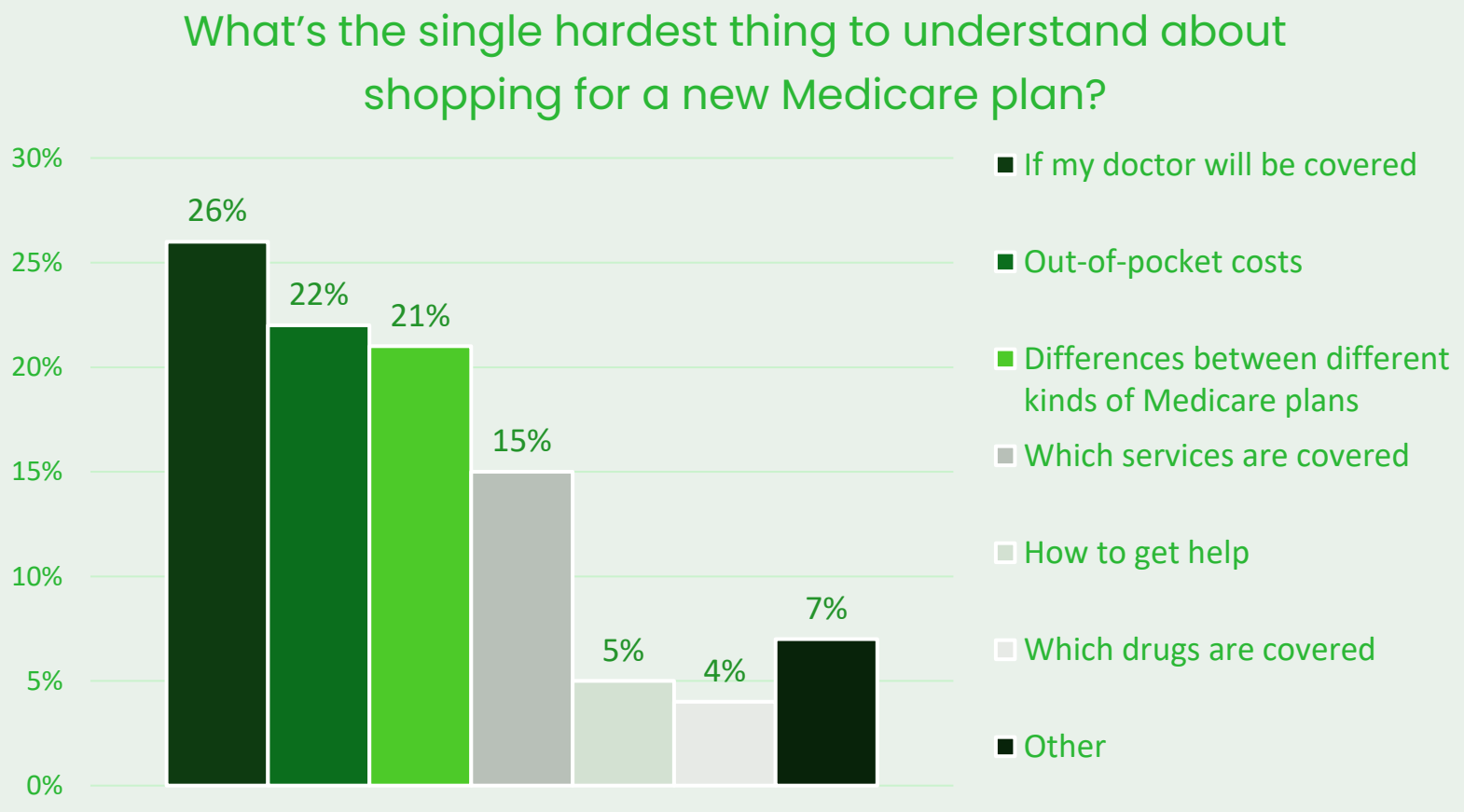
Yet many admit they procrastinate when it comes to selecting Medicare coverage

- 38% said they tend to delay making their Medicare coverage decisions until the last minute.

What beneficiaries find most confusing

Doctor networks, out-of-pocket costs, & Medicare plan differences top the list of beneficiaries' confusions

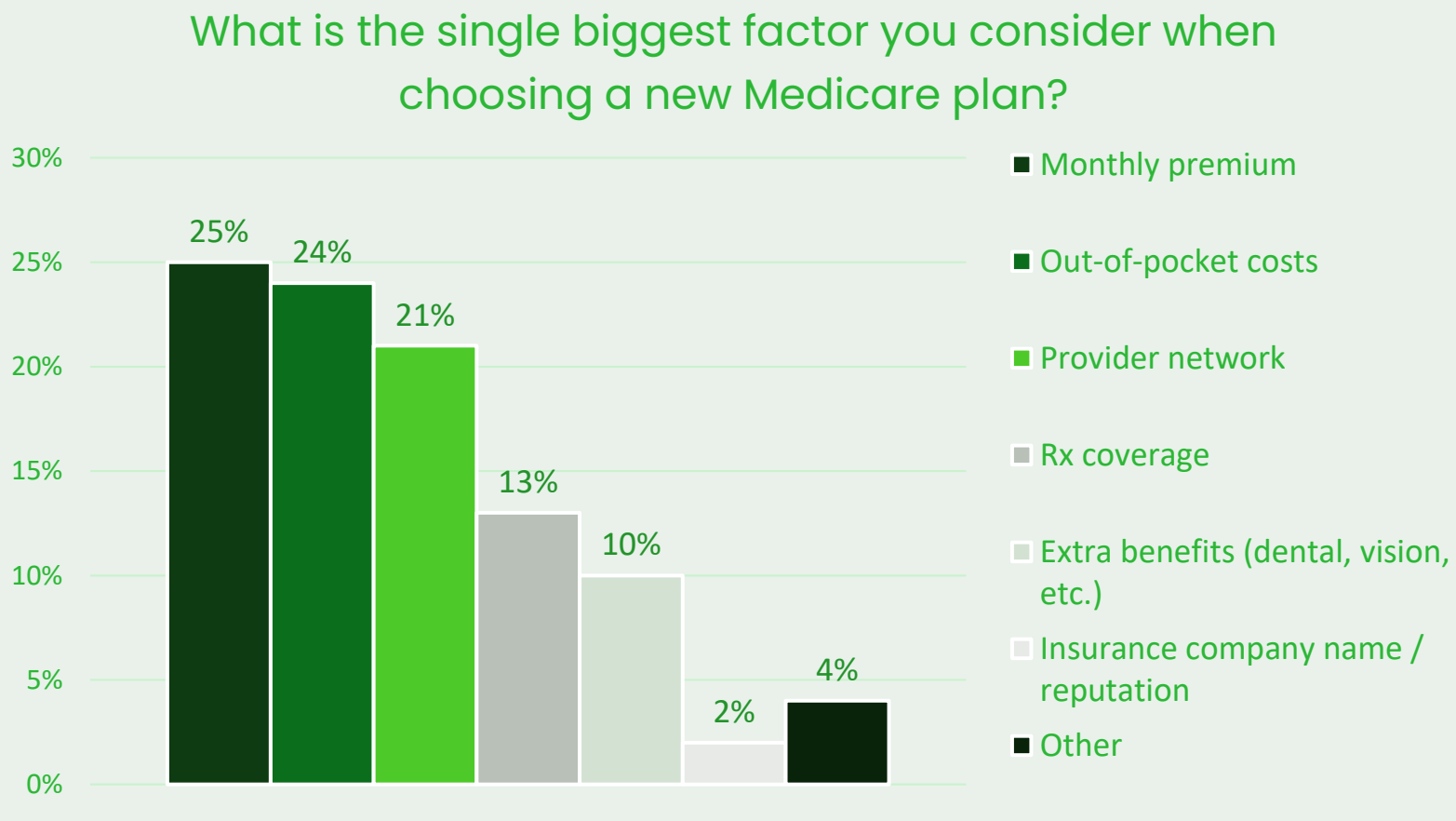
- 26% said the hardest thing to understand about a new Medicare plan is whether their preferred doctor will be covered.
- 22% cited out-of-pocket costs under a new plan.
- 21% said the hardest thing is to understand the differences between Medicare Advantage, Medicare Supplement, and Medicare Part D plans.



What beneficiaries prioritize when shopping

When picking a Medicare plan, beneficiaries look first to premium, out of pocket costs, and provider networks

- 25% said the monthly premium trumps all other concerns when selecting a new Medicare plan.
- 24% cited the out-of-pocket costs they will face when getting medical care.
- 21% said the biggest factor they consider is whether their preferred doctors or hospitals are covered.

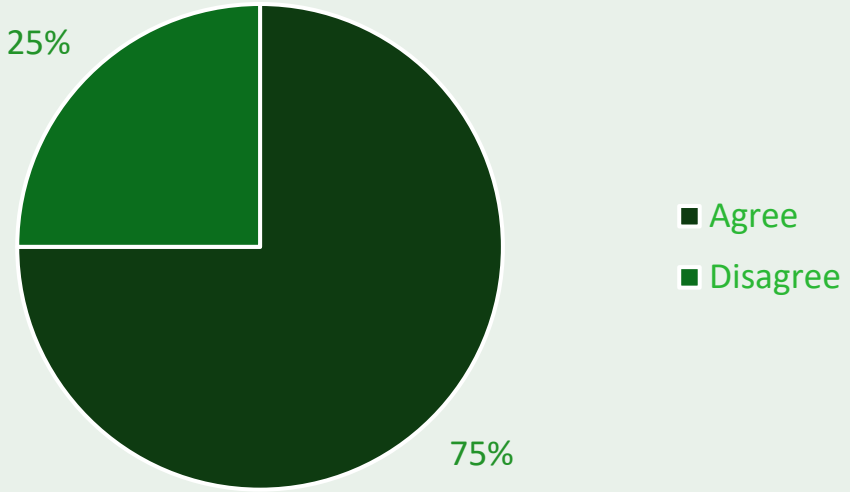


Help from licensed agents and AI agents

Medicare beneficiaries value the help provided by licensed agents

- 75% of Medicare beneficiaries said working with a licensed agent increases their confidence in selecting the right Medicare plan for their needs.
- 25% disagreed.

"Working with a licensed agent makes me more confident in choosing a Medicare plan."



Many are interested in working with an artificial intelligence agent (AI) if it improves the experience

- 50% of Medicare beneficiaries said they would be interested in working with an AI agent by phone if it helps them get more efficient assistance when shopping for Medicare coverage.

Spotlight on Chronic Special Needs Plans (C-SNPs)

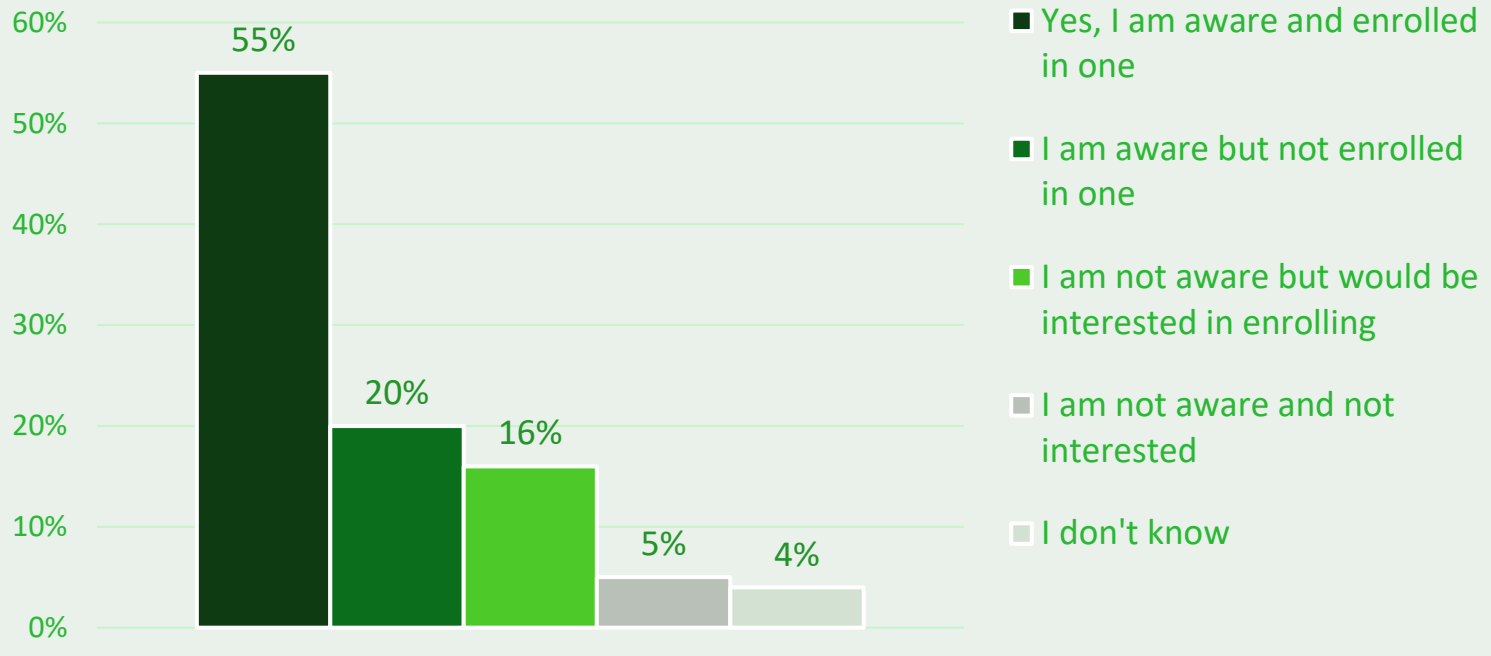
Among Medicare beneficiaries with diabetes, one in four are unaware of C-SNPs

- 55% of those with diabetes are aware of C-SNPs and enrolled in one already.
- An additional 20% are aware but not enrolled.
- 25% are unaware of C-SNPs.

GLP-1 drug coverage for diabetics

- Among diabetics, 73% know Medicare will cover GLP-1 drugs for their condition.

Are you aware of the Medicare plans specially designed for people with chronic conditions like diabetes?

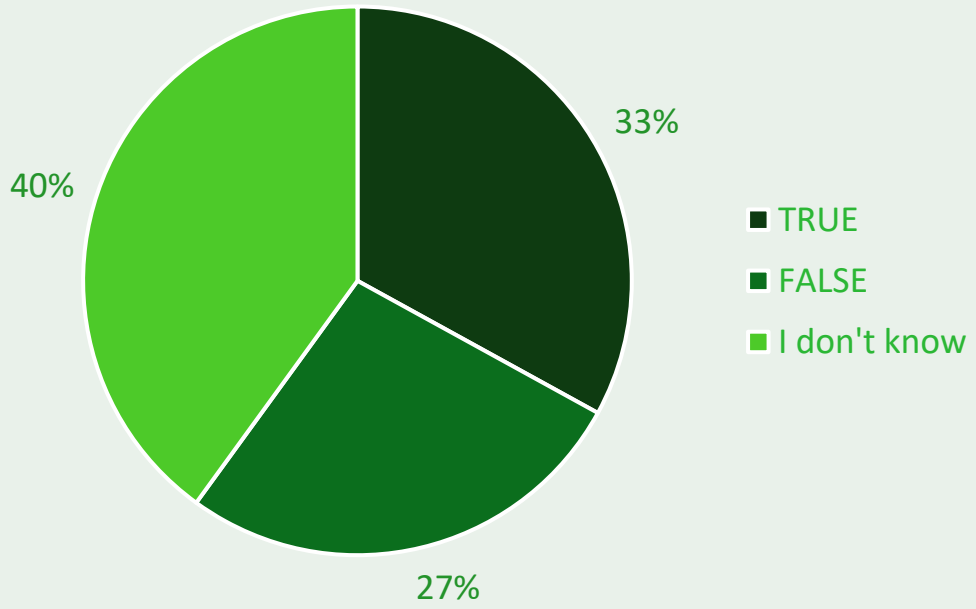


Spotlight on GLP-1 Drugs and Medicare

Medicare beneficiaries are confused about coverage for GLP-1 drugs for weight loss

- 33% believe incorrectly that Medicare will pay for GLP-1 drugs prescribed for weight loss.
- 40% are uncertain about Medicare's coverage for GLP-1 drugs.
- Only 27% correctly believe that Medicare does not provide coverage of GLP-1 drugs for weight loss.

True or false: "Medicare covers GLP-1 drugs for weight loss?"



Many beneficiaries would welcome coverage of GLP-1s for weight loss, and pay extra for it

- 50% of beneficiaries would be interested in GLP-1s for weight loss if Medicare covered it.
- Among these, 30% would pay no more than $50 per month, but 21% would willingly pay an extra $500 or more per month for access to GLP-1 drugs for weight loss.

About eHealth (NASDAQ: EHTH)

We're Matchmakers. For over 25 years, eHealth has helped millions of Americans find the healthcare coverage that fits their needs at a price they can afford. As a leading independent licensed insurance agency and advisor, eHealth offers access to over 180 health insurers, including national and regional companies.

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Methodology

This report is based on a nationwide survey of more than 1,500 current Medicare beneficiaries. The survey was designed by eHealth and conducted through a third-party vendor in September of 2025. Throughout this report, all percentages have been rounded to the nearest full percentage point. Totals may add to slightly more or less than 100% due to rounding. For most questions covered in the survey, the margin of error is plus or minus 3%.